



Arizona Department of Health Services Emergency Medical Services Bureau Complaint Form

Mail to:
Enforcement Section
Emergency Medical Services
150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248

The Bureau of Emergency Medical Services is required to obtain this complaint form in order to open an investigation, which appears to show the existence of a violation of Arizona Statute or Rule. Please submit this complaint form to the address displayed in the upper right of this form. An investigator will contact you for further information during the course of the investigation process. ARS § 36-2211-B; ARS § 36-2245-C

PROVIDE THE DATE OF THE OCCURRENCE		PROVIDE THE TIME OF THE OCCURRENCE	
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PROVIDE THE ADDRESS OR LOCATION OF THE OCCURRENCE	
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Complainant Information

First Name		Last Name			
Street Number Post Office Box		Direction		Street Name	
City		State		Zip Code	
Daytime Phone		Other Phone		Account-Number If applicable	

Patient Information ☐ Same as above

First Name		Last Name			
Street Number Post Office Box		Direction		Street Name	
City		State		Zip Code	
Daytime Phone		Other Phone		Patient Record Number	

ENTER THE NAME IN THIS SECTION IF THE COMPLAINT IS RELATED TO THE ACTIONS OF A PROVIDER COMPANY, AGENCY OR FACILITY	
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ENTER THE NAME IN THIS SECTION IF THE COMPLAINT IS RELATED TO THE ACTIONS OF AN EMERGENCY MEDICAL TECHNICIAN	1 <input type="checkbox"/> NAME UNKNOWN
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ENTER THE NAME IN THIS SECTION IF THE COMPLAINT IS RELATED TO THE ACTIONS OF AN EMERGENCY MEDICAL TECHNICIAN	2 <input type="checkbox"/> NAME UNKNOWN
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ENTER THE NAME IN THIS SECTION IF THE COMPLAINT IS RELATED TO THE ACTIONS OF AN EMERGENCY MEDICAL TECHNICIAN	3 <input type="checkbox"/> NAME UNKNOWN
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ENTER THE NAME IN THIS SECTION IF THE COMPLAINT IS RELATED TO THE ACTIONS OF AN EMERGENCY MEDICAL TECHNICIAN	4 <input type="checkbox"/> NAME UNKNOWN
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I attest under the penalty of perjury that all information submitted to the Department in this complaint is true and correct.

Signature: _____ Date: _____



In the section provided below please describe in detail what occurred to warrant this complaint and attach all documents in your possession, which may support your complaint. Copy this page before beginning your statement if additional sheets will be necessary.

[illegible]

Your are hereby advised that during the course of an investigation or enforcement action, the name of the complainant and the complaint documents are public record unless the Department determines that the release of the complainant's name may result in substantial harm to any person or to the public health or safety. ARS§ 41-1010